

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/591,211</b>	FILING DATE <b>8-31-06</b>
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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2		1						
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4		1						
5		1						
6		1						
7		1						
8		1						
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10	1		e					
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16	1		e					
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35		1	e					
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39	1		e					
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47	1							
48		1						
49		1						
50		1						
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								
51	1		e					
52		1						
53	1							
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98								
99								
100								
TOTAL IND.	18	↓	5	↓		↓		
TOTAL DEP.	45	←	8	←		←		
TOTAL CLAIMS	63		13					